

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION **FILED**

SEPTEMBER 4, 2008

JOHN E. TAYLOR, JR. MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT RECEIVED

AUG 2 6 2008 AUG 26 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

(Enter above the full name of the plaintiff or plaintiffs in this action)	08CV4871 JUDGE ST. EVE MAGISTRATE JUDGE MA
DR. EILEEN COUTURE DR. ANN MARIE DUNLAP	('
CERMAK HEALTH SERVICES JOHN DOES 1-20	
(Enter above the full name of ALL defendants in this action. Do not	

CHECK ONE ONLY:

use "et al.")

X	COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants)
	COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code (federal defendants)
	OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

A.	ntiff(s): Name: John E. Taylor, Jr.
В.	List all aliases: N/A
C.	Prisoner identification number:R66376
D.	Place of present confinement: Menard Corr., cntr., Menard, 11.62
E.	Address: P.O. Box 711
num	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a rate sheet of paper.)
(In A	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space
for t	wo additional defendants is provided in B and C .)
for t	
	wo additional defendants is provided in B and C.) Defendant:DrEileen Couture Title:Director of Cermak Health Services
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	wo additional defendants is provided in B and C.) Defendant:DrEileen Couture Title:Director of Cermak Health Services
Λ.	wo additional defendants is provided in B and C.) Defendant: Dr. Eileen Couture Title: Director of Cermak Health Services Place of Employment: Cook County Jail/Cermak Health Services
Λ.	wo additional defendants is provided in B and C.) Defendant: Dr. Eileen Couture Title: Director of Cermak Health Services Place of Employment: Cook County Jail/Cermak Health Services Defendant: Dr. Ann Marie Dunlap
Λ.	wo additional defendants is provided in B and C.) Defendant: Dr. Eileen Couture Title: Director of Cermak Health Services Place of Employment: Cook County Jail/Cermak Health Services Defendant: Dr. Ann Marie Dunlap Title: Division 10 Physican
А.	wo additional defendants is provided in B and C.) Defendant: Dr. Eileen Couture Title: Director of Cermak Health Services Place of Employment: Cook County Jail/Cermak Health Services Defendant: Dr. Ann Marie Dunlap Title: Division 10 Physican Place of Employment: Cook County Jail/Health Services

III.	List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal
	court in the United States:

Lis	proximate date of filing lawsuit:01/29/07 It all plaintiffs (if you had co-plaintiffs), including any aliases:John laylor, Jr.
	aylor, Jr.
Li	st all defendants: Dr. Rodriquez, Dr. Raba, and Ms. Jol
_ Co	ourt in which the lawsuit was filed (if federal court, name the district; if sta
na	me the county): United States Dist. Court, Northern
Na	me of judge to whom case was assigned: Judge Amy St. Eve
_	
т.	sic claim made: Constitutional violation of denial o

I. Approximate date of disposition: Settlement agreement happen in May 06, 2008, but as of August 12th 2008 have not received settlement check.

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III.	List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal
	court in the United States:

Approximate	date of filing law	suit: <u>Amende</u> Apri 1	ed Com 20th	<u>plainte</u> 2006.	ed, file	<u>d 06-</u>
List all plainti	ffs (if you had co	-			es:	u : =====
List all defend	ants: Officer	r Castille	o and	Damen '	Тоу	

					NI 8. =	
name the cour	n the lawsuit was aty): United \$	States Dia	st., C	t. Nor	thern Il	<u>linoi</u>
name the cour	n the lawsuit was nty): United S	States Dia	st., C	t. Nor	thern Il	<u>linoi</u>
name the cour Name of judg Basic claim m	nty): United S	states Disvas assigned:	Honor	t. Norable Andrews	thern I1 my J. St of assau	linoi . Eve

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

The plaintiff is alleging that his first, eighth, and fourteenth amendmends of the United states Constitution were violated. Each time the plaintiff went to court, or to Stroger's Hos-1. pital Clinic, the morning and afternoon medication was denied. The plaintiff was informed by the nurse who distributed medication in Division 5 for all inmates who went to court on March 12th 2007 that "as of April 1st 2007 she would no longer be distributing medication". Also, she stated that "it was wrong for you all to do without your medication, and to contact your lawers about the matter." The plaintiff raised his complaint with nurse Tate, nurse Maxie , and nurse Ernie , all of who were nurses who distributed medication in Division 10, where plaintiff was All of the named nurses told plaintiff they "could housed. not do anything about getting plaintiff's medication to him Nurse Tate told plaintiff it was illegal prior to court." for plaintiff to be denied medication, but could do nothing about it.

1st., 3rd., 6th., 7th., of 2007, the plaintiff had to go all day without his medication, with an exception of August 3rd. Plaintiff expressed his pain and discomfort during trial due to not having his medication to nurse Wiley . Also, showed nurse Wiley that court order from Judge Lacy to get plaintiff's medication to him. The plaintiff told nurse Wiley that Dr. Couture, nor Dr. Dunlap would adhere to the court Nurse Wiley gave the plaintiff his medication on the order. 2nd of August but could not give medication for any other The plaintiff's criminal lawyer called Cermak Health day. Services requesting that the plaintiff receives his medication, because he was in trial but to no avail. The plaintiff's criminal Judge (Judge Lacy) stated that he "wanted the defendant to have his medicine, and for the jail to do whatever is necessary to get his medication to him", The plaintiff had to go to court without but to no avail. pain medication for nerve damage approximately 11 or 12 times, not including the time the plaintiff went to Stroger's Hospital Clinic. The plaintiff saw Dr. Eileen Couture, the Medical Director on 9/10/07, and shared with her how much pain experienced going without medication at court or Stroger's Hospital Clinic. Her response, "I'm not going to run over the institution trying to medicate those of you that goes to court."

The enclosed grievances will show that the plaintiff had made numerous efforts to get his medication whenever he went to court, but to no avail. In fact, one of the grievances response from the appeal board stated "C.H.S. states patient receiving medication as prescribed", but the plaintiff wasn't receiving his medication as prescribed by the Doctor. Therefore, plaintiff' eighth and fourteenth amendments were violated.

2. The plaintiff's first amendment right to petition was violated when Dr. Dunlap took retaliatory actions by arbitrarily decreasing his pain medication dosage after she discovered that plaintiff had filed a complaint against other employees of Cermak Health Services. Dr. Dunlap canceled all of the plaintiff's specialist who were managing his pain, and would not provide any treatment for plaintiff's pain that specialists were capable of providing after she discovered a Civil Suit had been filed. Dr. Dunlap told plaintiff that "her actions would stand up in court, and that the county had already spent \$20,000 or \$30,000 on him, and could not continue to spend money on his care".

After Dr. Dunlap reduced plaintiff's medication without assessing his pain, the pain of reduced medication increased, and Dr. Dunlap refused to do anything about it.

Dr. Couture was made aware of the problem between Dr. Dunlap and the plaintiff by way of grievances, and verbally by the plaintiff, but nothing was done about it. Dr. Couture and Dr.

Dunlap's actions were deliberate as well as negligent as it relates to having the plaintiff in pain whenever he went to court without his medication.

The plaintiff was the key witness in his defense for his trial, and his testimony was one of the major determining factors of the result of his trial. The plaintiff was in so much pain due to the denial of medication that he was unable to help his lawyer prepare his defense.

v. Kener:	V.	Relief
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State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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the	legal	statue	is	for	such	a	cons	titu	tion	a1	vio	lati	on.
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CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 120 day of hogher, 20 01 (Print name) (Address)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

People

130R 6

John Taylor

Cornat Hospital shall provide all prescribed medications (including Neurton) Robaxin, Edavil (SP) to John Taylor unnate # 2003-0082505 during the course of his jury trial. Such medication were prescribed by Dr Dunlop, and shall be available to the inmate ENTEDE fashim Atty. No.: 30295 Atty.for: _ City/State/Zip: CAICARD TZ Telephone: 723-889- 6307

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Referred To: CEPMAK

COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

Detainee Last Name: Suhn First Name: Suhn
ID #2003 - 0082505 Div.: 10 Living Unit: 28 Date: 05/24/07
BRIEF SUMMARY OF THE COMPLAINT: Since though 150 to May se Count or Stronger's Hospital Chrisis, how CAN & get my nedication or what do Linear to do in order to receive my medication
4
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
ACTION/THAT YOU ARE REQUESTING: DIVENTON DEFENSE A hospital Appt
C.R.W.'S SIGNATURE: DETAINEE SIGNATURE: DATE C.R.W. RECEIVED: 5 130 107
Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GREEVAN DE REAL & RESPONSE
*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIA OF THREAT TO THE WELFARE OR SAFTET OF A DETAINED.
Detainec's Last Name Jaulo First Name 1801 10# 203 00 82505
Is This Grievance An Emergency? YES MO Z
C.R.W.'S Summary Of The Complaint: Defance allege he a not reservin
bus suchication as prescribed.
C.R.W. Referred Griev. To: CERMAK Date Referred: 5/30/07
Response Statement:
Referred to Patient are Services
C.S. Date: 5 31, 07 Div./Dept HS
(print- name of individual responding to this griev.) (signature of individual responding to this griev.)
CHIEF D. MORECI - (signature) Supt. Dept. Admin.) (signature) Supt. Dept. Admin.)
Date: 6 / P7
(print - name of Prog. Serv. Admin.) (signature of Prog. Serv. Admin.)
1. EV 3 1 P. W. 105103 P. 1 P. VAN
Date Detainee Received Response: 66/05/07 Detainee Signature:
REQUEST FOR AN APPEAL
REQUEST FOR AN APPEAL *APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE* Date Detainee Request For An Appeal: 06/05/07
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APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE Date Detainee Request For An Appeal: 06/05/07
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Referred To CERMAK



COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

Detainee Last Name:	Aylor	_ First Name:	Jahn
ID#2003, -0082505	5 Div. 0 Living	g Unit:2 <u>B</u>	Date: 07 / 26 / 07
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NAME OF STAFF OR DETAINEE(S) ACTION THAT YOU ARE REQUEST)Y •	DING EHIS COMPL	<u> </u>
DETAINEE SI	when I go to	2 De Ma 2000 F.	Je to reletue
C.R.W.'S SIGNATURE: Please note: Decisions of the Detainee L	Nisciplinary Hearing Board" cannot be g	DATE C.R.W. RECE	
	writing and directly submitted to the Sup		

3ase 1:08-cv-04871

Filed 09/04/2008 Page 18 of 20 Document 7

Part A / Control # 262 X / X / X

Communication of the communica

And Comment on the contract of the contract of

Filed 09/04/2008 Page 20 of 20 Part-A / Control #: 2007

Referred To: CERMAK

Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

Detainee Last Name: Taylor First Name: John
ID#: 2003 - 6082505 Div.: 10 Living Unit: 2B Date: 09/21/07
BRIEF SUMMARY OF THE COMPLAINT: On Sept 15th I and not receive my medication,
even though Nurse Maxie came to the Deck to distribute medication. I Am
housed on the high side, and the low sule was out. It's been the pratice of some
nurses to brim the detainer's medicine to the call when his side is locked in for
Jenne Ho with the Officer to distribute it to the chetures. On Sudant has
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which allow me to leave it with him. I usked Other balver, what was the
Broblem become without the ses has left my madication with your His
response near the hiln't ask me and it she leave your madicine with
me, I asked Wurse Maxie can my madicine be given to me by blister
Pack? Sh_said'ho" She could not one no any solution how to award me o
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
NAME OF STAFFOR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: OF CONTRACT IN THE STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: ACTION THAT YOU ARE REQUESTING:
ACTION THAT YOU ARE REQUESTING:
blister pack to wow no masmy my new when I am losted in,
DETAINEE SIGNATURE:
C.R.W.'S SIGNATURE: DATE C.R.W. RECEIVED:
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